

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

59 0 4 3 5 3 8

Registration District No. 46 Primary Registration District No. 5151 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kidder Twp</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kidder</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Lewellen</u> Last <u>Lewellen</u>				4. DATE OF DEATH Month <u>12</u> Day <u>16</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-15-1871</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Lewellen</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Cloniger</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Lewellen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Ethel Lewellen, Kidder, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>							<u>24 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
DUE TO (b) <u>Cardio-Vascular Renal Disease</u>							<u>245 Plus.</u>	
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>August 1, 1959</u> to <u>December 16, 1959</u> and last saw him alive on <u>Dec. 15, 1959</u> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Richard R. Booth M.D.</u>				22b. ADDRESS <u>Hamilton, Mo</u>		22c. DATE SIGNED <u>12/17/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-18-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u>				
24. FUNERAL DIRECTOR <u>Carmer Clark, Kingston, Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-27-59</u>	26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.